

SERFF Tracking Number:	CLTR-125596615	State:	Arkansas
Filing Company:	Presidential Life Insurance Company	State Tracking Number:	38632
Company Tracking Number:	GSL4000 APP AR		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Stop Loss		
Project Name/Number:	Revised Application for Stop Loss/4000APP AR		

Filing at a Glance

Company: Presidential Life Insurance Company

Product Name: Stop Loss

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: CLTR-125596615

SERFF Status: Closed

Co Tr Num: GSL4000 APP AR

Co Status:

Author: Susan Coulter

Date Submitted: 04/07/2008

State: ArkansasLH

State Tr Num: 38632

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/12/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Revised Application for Stop Loss

Project Number: 4000APP AR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/12/2008

State Status Changed: 04/12/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing revised application GSL4000 APP AR for use in Arkansas to comply with Bulletin 6-2008. The original application, GSL 4000 APP, was approved by your department on June 8, 2001. The attached will replace the currently approved application.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This application is for AR only.

Market Type: Group

Group Market Size: Small

Group Market Type: Employer, Trust

Deemer Date:

Company and Contact

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Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Susan Coulter, Consultant	susan@coulter-and-associates.com
379 Princeton-Hightstown Rd	(609) 443-7540 [Phone]
Cranbury, NJ 08512	(609) 443-4103[FAX]

Filing Company Information

Presidential Life Insurance Company	CoCode: 68039	State of Domicile: New York
69 Lydecker Street	Group Code: -99	Company Type:
Nyack, NY 10960	Group Name:	State ID Number:
(800) 926-7599 ext. [Phone]	FEIN Number: 13-2570714	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Presidential Life Insurance Company	\$20.00	04/07/2008	19330269

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/12/2008	04/12/2008

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Disposition

Disposition Date: 04/12/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	authorization to file	Approved-Closed	Yes
Form	application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GSL 4000 APP AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	GSL 4000	Application/ application	Initial			APP Revised
Closed	APP AR	Enrollment Form				AR.pdf

**APPLICATION TO
PRESIDENTIAL LIFE INSURANCE COMPANY
Nyack, New York
FOR
AGGREGATE AND SPECIFIC EXCESS LOSS INSURANCE**
Under a group contract issued to
The Trustee of the Presidential Multiple Employer Insurance Trust

Application is hereby made to the Presidential Life Insurance Company ("Company") for Excess Loss Insurance. This Application must be accepted and approved by the Company or its authorized representative prior to any Contract being in existence.

1. Full Legal Name of Applicant:
2. Address:
City: State: Zip Code:
3. If employee benefit plans of subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) are to be included, list legal name and addresses of such companies.
4. Enter the full name of your Employee Benefit Plan(s) - (A copy of such Employee Benefit Plan(s) must be attached.)
5. Name and address of Designated Third Party Administrator:
6. Effective Date:
7. Estimated Initial Enrollment (will be used as the Number of Covered Units during the first Contract Month):
_____ Singles and _____ Families (or) _____ Composite
8. **GENERAL SCHEDULE OPTIONS:**
 - (a) Contract Period: _____ to _____
 - (b) Disabled Persons [] are [] are not covered.
Retired Employees [] are [] are not covered.
 - (c) Aggregate Benefit [] Yes [] No

Aggregate Contract Basis: Employee Benefit Plan Expenses must be:

Incurred from _____ through _____, and
Paid from _____ through _____
Claims Incurred prior to the Contract Effective Date are limited to

8. **GENERAL SCHEDULE OPTIONS:** (Continued)

Aggregate eligible expenses include:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Prescription Card Service |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Weekly (Disability) Income |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Other |

Aggregate Monthly Factor per:

Single Employee:

\$ _____

Family:

\$ _____

Composite:

\$ _____

Aggregate Payable Percentage (excess of Deductible):

Maximum Eligible Claim Expense Per Covered Person:

\$ _____

Minimum Aggregate Deductible:

\$ _____

Maximum Aggregate Benefit (excess of Deductible):

\$ _____

Percentage Applicable to Minimum Aggregate Excess Deductible

_____ %

(d) Monthly Aggregate Accommodation ☐ Yes ☐ No

(e) Terminal Liability ☐ Yes ☐ No

(f) Specific Benefit ☐ Yes ☐ No

Specific Contract Basis: Employee Benefit Plan expenses must be

Incurred from _____ through _____

Paid from _____ through _____

Claims Incurred prior to the Contract Effective Date are limited to:

\$ _____

Specific Eligible Expense: Medical Only

Specific Deductible (per person):

\$ _____

Specific Payable Percentage (excess of Deductible):

_____ %

Maximum Specific Benefit (per person in excess of

Specific Deductible):

\$ _____

9. **PREMIUMS:**

(a) Aggregate Premium

Premium Per Month Per Unit:

\$ _____]

Minimum Annual Aggregate Premium

\$ _____

Monthly Aggregate Accommodation

Premium Per Month Per Unit:

\$ _____

Annual Premium in Advance:

\$ _____

Terminal Liability

Premium Per Month Per Unit:

\$ _____

Annual Premium in Advance:

\$ _____

(b) Specific Premium

Premium Per Month Per

Single Employee:

\$ _____

Family:

\$ _____

Composite:

\$ _____

Minimum Monthly Specific Premium:

\$ _____

10. **SPECIAL RISK LIMITATIONS:**

Contract will be based upon the current employee benefits as defined in the Employee Benefit Plan by reference or by attachment, except as noted below:

Specific:

Aggregate:

11. IT IS UNDERSTOOD AND AGREED, AS CONDITIONS PRECEDENT TO THE APPROVAL OF THIS APPLICATION, THAT:

- (a) All documentation requested by the Company must be submitted prior to any approval of this Application and must be received by the Company within thirty (30) days of the requested Effective Date.
- (b) If the Schedule shows disabled persons are not covered, no benefits will be paid under the Contract for expenses Incurred or Paid under the Employee Benefit Plan for a disabled person until:
 - (1) if an employee, he or she returns to active, full-time employment for at least one (1) full working day; or
 - (2) if a dependent or Continuation Beneficiary, he or she is able to perform the normal functions of a person of like sex and age.
- (c) Issuance of the Contract is in reliance upon the information provided by the Applicant or its Agent. Should subsequent information become known which, if known prior to issuance of the Contract, would have affected the rates, deductibles, terms or conditions for coverage, the Company will have the right to revise the rates, deductibles, terms or conditions as of the Effective Date of issuance, by providing written notice to the Applicant.
- (d) The Contract, if issued, may be void, if whether before or after a claim or loss, any material fact or circumstance was concealed or misrepresented on behalf of the Applicant, or if the Applicant or its Agent, committed fraud.
- (e) Receipt of a premium and its deposit in connection with the Application shall not constitute an acceptance of liability. In the event that Presidential Life Insurance Company disapproves this Application, its sole obligation shall be to refund such sum to the Applicant.
- (f) If a Contract is issued and later rescinded, the sum of all benefits paid will be deducted from the sum of all premiums paid. If the result is positive, such amount will be paid by the Company to the Applicant. If the result is negative, such amount will be paid by the Applicant to the Company.
- (g) The initial premium will be paid on or before the Effective Date, and subsequent premiums are due no later than the first day of each calendar month during the Contract Period.
- (h) Applicant acknowledges that the Contract which is the subject of this Application is a reimbursement Contract. Applicant must first pay claims before submitting them for reimbursement.
- (i) Oral Statements not expressly incorporated herein are not part of this Contract. Only the President or Executive Officer of the Company may make changes to the Contract Form or Addenda on behalf of the Company. All changes to this Contract must be in writing and attached to this Contract.
- (j) **NEITHER THIS APPLICATION NOR THE TERMS OF THIS APPLICATION MAY BE ALTERED.**

NOTICE:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employer/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employers/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

12. IT IS UNDERSTOOD AND AGREED, AS CONDITIONS PRECEDENT TO THE APPROVAL OF THIS APPLICATION, THAT: (Continued)

In making this Application, the Applicant represents that, to the best of its knowledge and belief, such information accurately reflects the true facts and that the undersigned has authority to bind the Applicant to the proposed Contract. Accordingly, this Application will be a part of the Contract if accepted by the Company or its authorized representative.

Dated at _____ this day of _____

Presidential Life Insurance Company

By: _____

Title:

Signature of Licensed Resident Agent _____

Tax ID #:

Licensed Resident Agent: _____
(Type or Print)

Address:

City: _____ State: _____ Zip: _____

Social Security or Tax ID #

ACCEPTANCE

Accepted on behalf of the Company, this _____ day of _____

By:

Title:

Contract No.: _____ Effective Date: _____

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Rate Information

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice	Approved-Closed	04/12/2008
Bypass Reason:	the purpose of this filing is to bring a currently approved application into compliance with Bulletin 6-2008		
Comments:			
		Review Status:	
Bypassed -Name:	Application	Approved-Closed	04/12/2008
Bypass Reason:	application attached to forms schedule		
Comments:			
		Review Status:	
Bypassed -Name:	Health - Actuarial Justification	Approved-Closed	04/12/2008
Bypass Reason:	no impact on reates		
Comments:			
		Review Status:	
Bypassed -Name:	Outline of Coverage	Approved-Closed	04/12/2008
Bypass Reason:	not applicable		
Comments:			
		Review Status:	
Satisfied -Name:	authorization to file	Approved-Closed	04/12/2008
Comments:			
Attachment:			
Presidential Authorization 2008.pdf			

PRESIDENTIAL LIFE INSURANCE COMPANY



NYACK, NEW YORK 10960-2199
(914) 358-2300

Date: April 1, 2008

To: State Insurance Departments

From: Donald Barnes, President
Presidential Life Insurance Company

Subject: Filing Authority for Coulter & Associates, Inc.

I, Donald Barnes, have authorized Susan Coulter and Susan Kalmus, Coulter & Associates, Inc., acting as our Contracts Consultants, to file products and correspond with your Department on our behalf and to work with our consulting actuaries, Kevin Gabriel and Martin Loughlin, on any rating issues that might arise.

A handwritten signature in black ink, appearing to read 'Donald Barnes', is written over a horizontal line. The signature is fluid and cursive.

Signature:

Title: President